

APPLICATION CHECKLIST FOR DUPLICATED/UPDATED MISSOURI CERTIFICATE

If you are requesting a duplicate copy of your teaching certificate; your application must include:

- ☐ \$25 Check or Money Order made payable to "Treasurer, State of Missouri,"

If you are requesting a new certificate indicating a name change; your application must include:

- ☐ \$25 Check or Money Order made payable to "Treasurer, State of Missouri." If you do not want a new certificate and are correcting your name or address, there is no fee.
- ☐ Documents that establish the name change. Examples include a photocopy of the following:
 - ✓ Marriage License;
 - ✓ Driver's License; or
 - ✓ Social Security Card.
- ☐ If you are changing address /name only, there is no fee.

If you are requesting an advanced degree be added to your certificate; your application must include:

- ☐ \$25 Check or Money Order made payable to "Treasurer, State of Missouri."
- ☐ Official transcripts showing degrees conferred are enclosed.
- ☐ Official transcripts showing degrees conferred are being sent from the college.

PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE! An incomplete packet will not be processed. Mail the complete application packet to:

**Educator Certification
Post Office Box 480
Jefferson City, MO 65102-0480
<http://dese.mo.gov>**

You can check the status of you application on our website at
<http://dese.mo.gov/divteachqual/teachcert/>



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-0051

APPLICATION FOR DUPLICATE/UPDATED MISSOURI TEACHER CERTIFICATE

A. VITAL INFORMATION				
SOCIAL SECURITY NUMBER*		ATTACH \$25 MONEY ORDER OR CASHIER'S CHECK made payable to Treasurer, State of Missouri		
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)		<input type="checkbox"/> There is no fee because only corrected information is provided.		
ALL MAIDEN/FORMER NAMES				
STREET ADDRESS				
CITY, STATE, ZIP CODE				
DATE OF BIRTH	MALE FEMALE	PHONE NUMBERS H () W ()		
B. PURPOSE OF APPLICATION: Check appropriate box or boxes				
<input type="checkbox"/> 1. I request a duplicate copy of my teaching certificate.				
<input type="checkbox"/> 2. I request a new certificate indicating a name change. Please provide copies of official documents that establish the name change.				
<input type="checkbox"/> 3. I request that my advanced degree(s) be added to my certificate and a new certificate be issued. Supporting OFFICIAL TRANSCRIPTS SHOWING DEGREE(S) CONFERRED must accompany this application. The college or university may submit transcript(s) when the institution will not send official transcripts to a student. <input type="checkbox"/> Transcript is enclosed. <input type="checkbox"/> College will send transcript.				
COLLEGE/UNIVERSITY	STATE	DATES ATTENDED		DEGREE
		FROM MO/YR	TO MO/YR	
C. PROFESSIONAL CONDUCT (ALL questions must be answered)				
Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.				
				YES NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.				
2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?				
3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?				
4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?				
* View the Social Security number disclosure at http://dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf				
D. SWORN AFFIDAVIT				
I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.				
LEGAL SIGNATURE OF APPLICANT		DATE		
The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581.				
PLEASE RETURN THIS FORM TO: EDUCATOR CERTIFICATION, POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480. ORIGINAL SIGNATURE REQUIRED – NO FAXES OR PHOTOCOPIES! http://dese.mo.gov				